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DATE: Wednesday, August 24, 2005**RECIPIENT****FAX:** 1-571-273-8300**TO:** Amendments**RECIPIENT****COMPANY:** U.S. Patent & Trademark Office**PHONE:** _____**FROM:** Borlase, Lois**SENDER PHONE:** 202-230-5623**TOTAL NUMBER OF PAGES INCLUDING COVER SHEET** 12

MESSAGE: Application No.: 09/929,030
Filing Date: August 15, 2001
Inventor: Masood GARAH
Art Unit: 2666
Examiner Name: Ronald B. ABELSON
Attorney Ref: P2090/0025/Mesh-017

Documents transmitted:

Transmittal Form (1 page)

Fee Transmittal (1 page in duplicate-one month extension of time)

Response to the Office Action dated May 17, 2005

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PTO/SB/21 (09-04)


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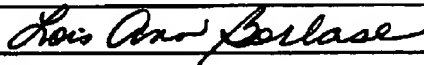
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TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission 11	Application Number	09/929,030
	Filing Date	August 15, 2001
	First Named Inventor	Masood GARAH
	Art Unit	2666
	Examiner Name	Ronald B. ABELSON
	Attorney Docket Number	P2090/0025/Mesh-017

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Gardner Carton & Douglas, LLP	
Signature		
Printed name	David M. Mott	
Date	August 24, 2005	Reg. No. 47,808

CERTIFICATE OF TRANSMISSION/MAILING		
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Signature		
Typed or printed name	Lois Ann Borlase	Date August 24, 2005

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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4815).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/929,030
		Filing Date	August 15, 2001
		First Named Inventor	Masood GARAH
		Examiner Name	Ronald B. ABELSON
		Art Unit	2666
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Attorney Docket No.	P2090/0025/Mash-017

METHOD OF PAYMENT (check all that apply)

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$): _____ Fee Paid (\$): _____
 - 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$): _____ Fee Paid (\$): _____
 - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): One Month Extension of Time		
		\$120.00

SUBMITTED BY		Registration No.	Telephone
Signature		(Attorney/Agent) 47,808	202-230-6102
Name (Print/Type)	David M. Mott	Date	August 24, 2005

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